

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

62

'05 OCT 24 A9 25

HAR

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Oh	Myoung	Seong	(808) 733-7060		
MAILING ADDRESS (Street)	FAX				
1136 12th	Avenue, Suite 220		(808) 737-4977		
(City)	(State)	(Zip	(Zip Code)		
Honolu1u	HI	9681	96816		
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business entity	which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip	Code)		

PART II ORGANIZATION		>		
NAME OF ORGANIZATION YOU LOBBY	TELEPHONE			
Hawaii Associa	(808) 733-7060			
MAILING ADDRESS (Street)	FAX			
1136 12th Aven	ue, Suite 220	(808) 737-4977		
(City)	(State)	(Zip Code)		
Honolu1u	HI	96816		
NAME OF PERSON RESPONSIBLE FOR PRE	ES STATEMENT TELEPHONE			
Alicia Maluafi	(808) 733-7060			
MAILING ADDRESS (Street)		FAX		
1136 12th Aven	(808) 737-4977			
(City)	(State)	(Zip Code)		
Honolulu	HI	96816		

PART III	DESCRIPTION O	F SUBJECTS UPON WHIC	<u>H YOU</u>	EXPECT TO LOBBY		
★ Agrice	ulture	Education		Human Services		Science, Technology & Economic Development
	nunications & c Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
- 22	umer Protection & nerce	Hawaiian Affairs	1 1	Labor & Employment	1	Transportation
	re, Arts, Historic ervation	Health	X	Planning, Land & Water Use Management		Other: (indicate below) real estate
	gy, Energy onmental Protection	X Housing	1 1	Public Safety & Corrections		
		, , , , , , , , , , , , , , , , , , , ,				* · · · · · · · · · · · · · · · · · · ·
PART IV	CERTIFICATION	OF LOBBYIST				
		nformation furnished above i	s. to the	e best of my knowledge.	correct	t and complete.
		. ^	0, 10 1.70			•
My h					18/02	
		(Signature of Lobbyist)			(Date)	
DARTY	AUTUODIZATION	LTG LGDDY				
PART V NAME	AUTHORIZATION	I TO LOBBY	TITLE	OF AUTHORIZING OFFICE	P OP DE	DSON DEDDESENTED
INAME			11166	OF AUTHORIZING OFFICE	KOKFL	ROOM REFREDENTED
	Nicki Ann	Thompson				
NAME OF ORGANIZATION (if applicable)					TELEPHONE	
Hawaii Association of REALTORS					(808)	733-7060
MAILING ADDRESS (Street)					XX	
	1136 12th Avenue, Suite 220					737-4977
(City)		(State) (Z			e)	
	Honolulu	ΗI		968	16	
I hereb	v authorize the ab	ove - named person to enga	ae in la	bbving activities on beh	alf of th	ne undersigned.
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
	(Signature of Auth	norizing Officer or Person Represe	nted)		(Date)	